

Insurance Rate and Form Filing Questionnaire for the month of _____

Company Name _____ NAIC NO. _____

Person completing form _____ Title _____

E-Mail address _____ Phone _____

Date _____ Address _____

Instructions: Until April 2002, all authorized property and casualty insurers are directed to complete and return this questionnaire within 15 days of the end of each month, reporting on that month's activity. Starting April 1, 2002, complete a questionnaire on a quarterly basis, and submit within 15 days of the end of each quarter, through the end of 2002, unless otherwise directed by the Commissioner.

A blank questionnaire will be available on the OFIS website. If you have Microsoft Word or the professional version of Adobe Acrobat, you may fill out the questionnaire online, save it, attach it to e-mail, and send to margaret.k.beckwith@cis.state.mi.us. Or, print, then mail or fax completed questionnaires to: Office of Financial and Insurance Services, Securities and Insurance Offerings Division, P.O. Box 30701, Lansing, MI 48909-8201. Fax number: 517-241-6356. You may also make photocopies of this questionnaire, complete by hand or typewriter, and mail or fax.

Please direct questions to the Securities and Insurance Offerings Division at 517-373-0242.

I. Homeowners

	YES	NO
1. Do you write homeowners insurance in Michigan? (If no, proceed to section for commercial packages)	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you added any policy limitations during this month?	<input type="checkbox"/>	<input type="checkbox"/>
a. Terrorism exclusion added?	<input type="checkbox"/>	<input type="checkbox"/>
b. Other limitation/exclusion added?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, specify type _____		
3. Have you sent non-renewal notices during this month or declined to insure due to the company's terrorism exposure risk?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you removed any policy limitations during this month?	<input type="checkbox"/>	<input type="checkbox"/>
a. Terrorism exclusion removed?	<input type="checkbox"/>	<input type="checkbox"/>
b. Other limitation/exclusion removed?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, specify type _____		
5. During this month, have you filed a rate increase?	<input type="checkbox"/>	<input type="checkbox"/>
a. Overall change for all classifications combined	_____ %	
b. Maximum decrease	_____ %	
c. Minimum increase	_____ %	
d. Maximum increase	_____ %	

II. Commercial package policies (including Businessowners)**YES****NO**

- | | | |
|--|--------------------------|--------------------------|
| 1. Do you write commercial multi-peril insurance in Michigan?
(If no, proceed to section for workers compensation) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you added any policy limitations during this month? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Terrorism exclusion added? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Other limitation/exclusion added? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, specify type _____ | | |
| 3. Have you sent non-renewal notices during this month or declined to insure due to the company's terrorism exposure risk? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you removed any policy limitations during this month? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Terrorism exclusion removed? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Other limitation/exclusion removed? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, specify type _____ | | |
| 5. During this month, have you filed a rate increase? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Overall change for all classifications combined | _____ % | |
| b. Maximum decrease | _____ % | |
| c. Minimum increase | _____ % | |
| d. Maximum increase | _____ % | |

III. Workers Compensation**YES****NO**

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|--|--------------------------|--------------------------|
| 1. Do you write Workers compensation insurance in Michigan?
(You are finished if the answer is no.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you added any policy limitations during this month? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Terrorism exclusion added? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Other limitation/exclusion added? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, specify type _____ | | |
| 3. Have you sent non-renewal notices during this month or declined to insure due to the company's terrorism exposure risk? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you removed any policy limitations during this month? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Terrorism exclusion removed? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Other limitation/exclusion removed? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, specify type _____ | | |
| 5. During this month, have you filed a rate increase? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Overall change for all classifications combined | _____ % | |
| b. Maximum decrease | _____ % | |
| c. Minimum increase | _____ % | |
| d. Maximum increase | _____ % | |

This form is available from our web site at <http://www.cis.state.mi.us/ofis>

Our toll-free telephone number is: 1-877-999-6442

P.A. 218 of 1956, as amended, requires submission of this information by all authorized property and casualty insurers. Failure to properly file this information may result in monetary penalties and compliance action against your certificate of authority.